## 18 – 21 Years Old — AHCCCS EPSDT Tracking Form

| Date | Last Name | First Name | AHCCCS ID # | DOB | Age |
|---|---|---|---|---|---|
| | | | | | |

| Primary Care Provider | PCP ph. # | Health Plan | Accompanied by (name) | Relationship |
|---|---|---|---|---|
| | | | | |

| Vision Chart Exam | | | | Audiometry | | Menses | Allergies: | | | B/P | Temp: | Pulse: | Resp: |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OD | OS | OU | ☐ Unable to perform | ☐ WNL | ☐ Abnl | ☐ yes ☐ no | | | | | | | |
| Corrected ☐ yes ☐ no | | | | ☐ Unable to perform | | Menarche | LMP | Wt: | % | BMI: | % | Ht: | % |
| Medications: | | | | | | | | | | | | | |

**Patient Concerns/History:**

**HEALTH RISK ASSESSMENT:** [X] INDICATES ASSESSMENT USED: ☐ HEADDSS ☐ GAPS ☐ Other

**DENTAL SCREENING:** [X] INDICATES GUIDANCE GIVEN: ☐ Brushing 2x /Flossing daily ☐ Dental appointment ☐ White spots on teeth

**NUTRITIONAL SCREEN:** [X] INDICATES GUIDANCE GIVEN: : ☐ Nutritionally balanced diet ☐ Junk food ☐ Soda/Juice ☐ Over weight ☐ Activity ☐ Supplements

**DEVELOPMENTAL SCREEN:** [X] INDICATES ACCOMPLISHMENTS: Late Adolescence: ☐ Abstract thinking ☐ School attendance ☐ Sexuality/orientation ☐ Other

**AGE APPROPRIATE EDUCATION AND GUIDANCE:** [X] INDICATES GUIDANCE GIVEN: ☐ Sports/injury prevention ☐ Athletic activities ☐ Drowning/sun safety ☐ Nutrition/exercise ☐ Safe at Home ☐ Seat belt/air bags ☐ Sex education/STD/resources ☐ Self control ☐ Peer refusal skills ☐ Violence prevention/gun safety ☐ Depression/anxiety ☐ Tobacco/alcohol/drugs/Rx drugs/inhalants ☐ Education goals/activities ☐ Social interaction/dating ☐ Parenting advice **(as appropriate)** ☐ Future oriented ☐ Risks of tattoos/ piercing ☐ Availability of family planning services ☐ Job/career planning ☐ Other

**BEHAVIORAL HEALTH SCREEN:** [X] INDICATES OBSERVED BY CLINICIAN/PARENT REPORT: ☐ Philosophical/idealistic ☐ Comfortable body image ☐ Building intimate, complex relationships ☐ Other

**COMPREHENSIVE PHYSICAL EXAM:**

| | WNL | Abnormal (see notes below) | | WNL | Abnormal (see notes below) |
|---|---|---|---|---|---|
| Skin/Hair/Nails | | | Lungs | | |
| Eyes/Vision | | | Abdomen | | |
| Ear | | | Genitourinary **Tanner stage_____** | | |
| Mouth/Throat/Teeth | | | Extremities | | |
| Nose/Head/Neck | | | Spine | | |
| Heart | | | Neurological | | |

**ASSESSMENT/PLAN/FOLLOW UP**

**LABS ORDERED:** [X] INDICATES ORDERED ☐ Hgb/Hct ☐ Urinalysis ☐ Lipid Profile ☐ TB skin test (if at risk) ☐ Other

**IMMUNIZATIONS:** [X] INDICATES ORDERED ☐ Pt. Needs immunization today ☐ Delayed ☐ Deferred ☐ Hepatitis A ☐ MMR ☐ Varicella ☐ Hepatitis B ☐ Tdap ☐ Influenza ☐ Meningococcal ☐ HPV ☐ IPV ☐ Td ☐ Other

**REFERRALS:** [X] INDICATES REFERRED ☐ CRS ☐ WIC ☐ DDD ☐ ALTCS ☐ PT ☐ OT ☐ Audiology ☐ Speech ☐ Developmental ☐ Behavioral ☐ Dental ☐ OB/Gyn ☐ Specialty

Date/Time Clinician name (print) Clinician Signature See Additional Supervisory note ☐**Yes** ☐**No**